



FEDERAL-HIPUTAH

Section 1101 of the new health insurance reform law establishes a “temporary high risk health insurance pool program” to provide health insurance coverage to currently uninsured individuals with pre-existing conditions who've been without insurance for at least six months. This program is known as the “Pre-Existing Condition Insurance Plan (PCIP).”

On June 25, 2010 Governor Herbert sent a letter to the Department of Health and Human Services (HHS); Office of Consumer Information Oversight indicating that the State of Utah, utilizing the Utah Insurance Department (Department) and HIPUtah, would opt-in to operate the Federal Qualified High Risk Pool (FHRP) designated in the Patient Protection and Affordable Care Act (PPACA), Public Law 111-148.

The Utah Insurance Department will be running the program in parallel with its existing state high risk pool, the Utah Comprehensive Health Insurance Program (HIPUtah), to capitalize on its 19 years of experience and expertise in the Utah marketplace. HIPUtah is a non-profit entity within the Department and will run the PCIP as a separate program under the name Federal-HIPUtah.

HIPUtah is a state-subsidized health insurance program that serves as an important safety net for the citizens of Utah with serious medical conditions, such as cancer, diabetes, heart disease, and other chronic illnesses that made them medically uninsurable. HIPUtah currently provides coverage for 4,100 individuals.

Federal-HIPUtah is a federal-subsidized health insurance program that will offer transitional coverage until 2014 when health insurance exchanges become available and pre-existing condition exclusions are prohibited. Federal-HIPUtah will receive \$40 million to provide coverage for an estimated 2,400 Utah citizens

Federal-HIPUtah coverage will begin September 1, 2010. HIPUtah’s Administrator, SelectHealth, will begin taking applications in the month of August. There are four benefit plan options to choose from, and the premiums range between \$127 to \$744 depending on the benefit plan and the applicant's age. Benefit options and premiums for Federal-HIPUtah are shown below.

ELIGIBILITY AND BENEFIT PLAN OPTIONS

A person is eligible for Federal-HIPUtah if he or she meets the following criteria:

- Must be a citizen or national of the United States or lawfully present in the United States;
- Must reside in Utah on the date of application;
- Must not have been covered under creditable coverage during the six month period prior to the date on which such applicant is applying for coverage through the Federal-



HIPUtah program;

- Must have a pre-existing condition and meets the required health underwriting criteria established by the State of Utah;
- Must pay the established premiums; and
- Must not fall into the ineligible categories.

Federal-HIPUtah only offers individual policies and premiums for coverage are calculated based on age and deductible options.

FEDERAL-HIPUTAH COMPARISON OF BENEFIT PLANS

September 1, 2010

Benefits	Option 1	Option 2	Option 3	HDHP
CALENDAR DEDUCTIBLE	\$500	\$1,000	\$2,500	\$5,000
OUT-OF-POCKET MAXIMUM - MEDICAL	\$2,000	\$3,000	\$4,000	\$5,000
OUT-OF-POCKET MAXIMUM - PHARMACY	\$3,950	\$2,950	\$1,950	
CALENDAR YEAR MAXIMUM	\$400,000	\$400,000	\$400,000	\$400,000
LIFETIME MAXIMUM	1.5 million	1.5 million	1.5 million	1.5 million
INPATIENT HOSPITALIZATION	20%	20%	20%	0%
OUT-PATIENT CARE				
Office Visits (physician, specialists, consultant)	20%	20%	20%	0%
Preventive Office Visits	0%*	0%*	0%*	0%*
Lab/X-ray	20%	20%	20%	0%
Outpatient Surgery	20%	20%	20%	0%
PRESCRIPTION DRUGS				
Deductible	\$150	\$250	\$500	
Coverage – Three tiered				
Tier 1	\$5 Copay	\$5 Copay	\$5 Copay	0%
Tier 2	25%	25%	25%	0%
Tier 3	50%	50%	50%	0%
EMERGENCY	20%	20%	20%	0%
AMBULANCE	20%	20%	20%	0%
MENTAL HEALTH				
Inpatient (10 days)	20%	20%	20%	0%
Outpatient (20 visits)	20%	20%	20%	0%
TRANSPLANTS	20%	20%	20%	0%
SKILLED NURSING FACILITY CARE	20%	20%	20%	0%
HOSPICE	20%	20%	20%	0%

* First dollar coverage for Preventive Services.

- Injectable drugs are not covered after \$300,000 of the total annual maximum plan payment has been met.



FEDERAL-HIPUTAH INDIVIDUAL MONTHLY PREMIUMS --
EFFECTIVE September 1, 2010

Age	Option 1 \$500 Deductible	Option 2 \$1,000 Deductible	Option 3 \$2,500 Deductible	HDHP \$5,000 Deductible
Under 21	\$261	\$228	\$175	\$127
21-25	\$281	\$244	\$188	\$137
26-30	\$325	\$283	\$217	\$159
31-35	\$383	\$333	\$258	\$188
36-40	\$406	\$355	\$272	\$199
41-45	\$436	\$370	\$285	\$206
46-50	\$508	\$431	\$331	\$240
51-55	\$574	\$488	\$376	\$271
56-60	\$674	\$578	\$445	\$341
61-64	\$744	\$631	\$486	\$382

Rates are effective as of the above date. Any subsequent changes will be communicated in advance to Enrollees.

HIPUtah Provider Network

The HIPUtah Network includes all of the providers in the SelectHealth Care Network as well as the University of Utah providers, facilities, and pharmacies. A complete list of providers that participate in the HIPUtah Network can be accessed on selecthealth.org. If you are unable to locate a provider in your area, you may also contact SelectHealth Member Services at 1-801-442-5038 (Salt Lake area) or 1-800-538-5038.

HIPUtah Administrator - SelectHealth

Application packet requests or questions call:

801-442-6660

800-705-9173

www.selecthealth.org/hiputah